

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 0 /

Customer No.: 9896

Filed: May 4, 2001

Group No.:

For: ENDOVASCULAR STENT GRAFT

Examiner:

Assistant Commissioner for Patents
Washington, D.C. 20231

APPLICATION DATA SHEET
37 C.F.R. § 1.76

BIBLIOGRAPHIC DATA

1. Application Information.

Title of Invention: ENDOVASCULAR STENT GRAFT

Docket number assigned to this application: PA-5252-RFB

Suggested Classification: Class: 623
Subclass: 001
Technology Center to which subject matter is assigned: 3700

Total number of drawing sheets: 2

Type of application:

- ☒ utility
Suggested drawing figure for publication: 1
☐ design
☐ provisional

Secrecy order under § 5.2: this application does not disclose subject matter of an application which is under a secrecy order pursuant to § 5.2.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) AND 1.10

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents and Trademarks, Washington, D.C. 20231

37 C.F.R. § 1.8(a)

- ☐ With sufficient postage as first class mail.

37 C.F.R. § 1.10

- ☒ as "Express Mail Post Office to Addressee"
Mailing Label No. EL523752293US

TRANSMISSION

- ☐ facsimile transmitted to the Patent and Trademark Office, (703)

Date:

May 4, 2001

Signature

Pamm Garwood

(Type or print name of person certifying)

2. Applicant Information.

First applicant:

| | | |
|--|------------------------|-----------------------|
| Dusan | | Pavcnik |
| Given Name | Middle Initial or Name | Family (or Last Name) |
| Slovenia | | |
| Citizenship | | |
| 7676 SW Skyhar Drive, Portland, OR 97223 | | |
| Residence | | |

Second applicant (if any):

| | | |
|---|------------------------|-----------------------|
| Josef | | Rösch |
| Given Name | Middle Initial or Name | Family (or Last Name) |
| US | | |
| Citizenship | | |
| 9448 SW Lancaster Rd., Portland, OR 97219 | | |
| Residence | | |

Third applicant (if any):

| | | |
|---------------------------------------|------------------------|-----------------------|
| Frederick | S. | Keller |
| Given Name | Middle Initial or Name | Family (or Last Name) |
| US | | |
| Citizenship | | |
| 1414 SW 3rd #2903, Portland, OR 97201 | | |
| Residence | | |

Fourth applicant (if any):

| | | |
|-------------|------------------------|-----------------------|
| Given Name | Middle Initial or Name | Family (or Last Name) |
| Citizenship | | |
| Residence | | |

Fifth applicant (if any):

| | | |
|-------------|------------------------|-----------------------|
| Given Name | Middle Initial or Name | Family (or Last Name) |
| Citizenship | | |
| Residence | | |

3. Correspondence Information.

Correspondence for this application should be addressed as follows:

Name: Anton P. Ness

Address: P.O. Box 2269, Bloomington, IN 47402-2269

Customer No.: 9896

4. Representative Information.

The following have a power of attorney or authorization of agent in this application:

Name(s) of attorney(s)/agent(s): Anton P. Ness, Reg. No. 28,453; Charles W. Agnew, Reg. No. 44,497; Richard J. Godlewski, Reg. No. 30,056; and James B. Hunt, Reg. No. 40,276

5. Domestic Priority Information.

☒ Domestic priority for this application is claimed as follows:

- ☒ 35 U.S.C. § 119(e): Application No.: 60/201,806
Filed: May 4, 2000
Status: Pending
Relationship: Provisional
- ☐ 35 U.S.C. § 120: Application No.: _____
Filed: _____
Status: _____
Relationship: _____
- ☐ 35 U.S.C. § 121: Application No.: _____
Filed: _____
Status: _____
Relationship: _____
- ☐ 35 U.S.C. § 365(c): Application No.: _____
Filed: _____
Status: _____
Relationship: _____

6. Foreign Priority Information.

☐ Foreign priority is claimed for this application as follows:

Country: _____
Application No.: _____
Filing Date: _____
Status: _____

Foreign application having a filing date before that of the above application for which priority is claimed.

☐

None

☐

Country:

Application No.:

Filing Date:

Status:

7. Assignee Information.

The assignee(s) of this application is/are:

Name of assignee: Oregon Health Services University

Address of assignee: 3181 S.W. Sam Jackson Park Road, Portland, Oregon, 97201-3098

Name of co-assignee:

Address of co-assignee:

Reg. No. 28,453

Tel. No. 812-330-1824

Fax No. 812-330-9049

Customer No. 9896



Signature of Practitioner

Anton P. Ness

(type or print name of practitioner)

P.O. Box 2269

P.O. Address

Bloomington, IN 47402-2269